

# Bill of Sale<sup>1</sup>

This form authorized for use ONLY by active Real Estate Licensee Subscribers of Alaska Multiple Listing Service, Inc.



1 David Utter Cristina Utter, for and in consideration of:  the sum of \$ \_\_\_\_\_

2 Dollars or  No Value, shall convey to \_\_\_\_\_,

3 the following personal property currently located at: 716 Thorsheim Street Kodiak 99615,

4 State of Alaska.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Refrigerator       | <input type="checkbox"/> Wall/Ceiling Speakers                    | <input type="checkbox"/> Workbench/Shelving      |
| <input type="checkbox"/> Freezer                       | <input type="checkbox"/> Satellite Dish                           | <input type="checkbox"/> Corral                  |
| <input checked="" type="checkbox"/> Oven/Range/Cooktop | <input type="checkbox"/> Satellite Dish Comp.                     | <input type="checkbox"/> Playground Equipment    |
| <input type="checkbox"/> Dishwasher                    | <input type="checkbox"/> Home Theater                             | <input type="checkbox"/> Greenhouse              |
| <input type="checkbox"/> Microwave                     | <input type="checkbox"/> Projector                                | <input type="checkbox"/> Dog Kennel/Run          |
| <input type="checkbox"/> Trash Compactor               | <input type="checkbox"/> Screen                                   | <input checked="" type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Beverage/Wine Cooler          | <input type="checkbox"/> Flat Screen                              | <input type="checkbox"/> Hot Tub, Equip & Cover  |
| <input type="checkbox"/> Water Softener                | <input type="checkbox"/> All Speakers                             | <input type="checkbox"/> Garage Door Opener      |
| <input type="checkbox"/> Central Vac Attachments       | <input type="checkbox"/> AV Components                            | <input type="checkbox"/> Remotes                 |
| <input type="checkbox"/> Chandelier/Hanging Lts        |   | # of Remotes: _____                              |
| <input type="checkbox"/> Window Coverings              | <input type="checkbox"/> Flat Screen TV(s) - Location:            | <input type="checkbox"/> Generator               |
| Except for: _____                                      | <input type="checkbox"/> Living Room                              | <input checked="" type="checkbox"/> Wood Stove   |
| <input type="checkbox"/> Window Screens                | <input type="checkbox"/> Family Room                              | <input type="checkbox"/> Propane Tank(s)         |
| <input type="checkbox"/> Pool Table                    | <input type="checkbox"/> Master Bedroom                           | <input type="checkbox"/> Propane in Tank         |
| <input checked="" type="checkbox"/> Washer             | <input type="checkbox"/> Other _____                              | <input checked="" type="checkbox"/> Oil Tank     |
| <input checked="" type="checkbox"/> Dryer              | <input type="checkbox"/> Security System/Components               | <input type="checkbox"/> Oil in Tank             |
|  | <input type="checkbox"/> leased or <input type="checkbox"/> owned |  |

5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

8 All fixtures attached to the Property, including, but not limited to: plumbing, heating, and electrical systems shall remain  
9 with the subject property.

10  
11 Unless agreed otherwise in writing, the Seller will retain responsibility for any service agreements, including, but not  
12 limited to, security and monitoring systems that are not assumed or prorated upon recording.

13  
14 The Seller herein warrants that said property is free from all liens and encumbrances. If the Purchase and Sale  
15 Agreement dated \_\_\_\_\_ does not record; this Bill of Sale shall become null and void.

16  
17 **THE ABOVE DESCRIBED ITEM(S) SHALL BE CONVEYED IN "AS-IS" CONDITION AND NO WARRANTIES ARE**  
18 **MADE AS TO THE CONDITION OF THE PERSONAL PROPERTY. THE ITEMS ABOVE HAVE NO EFFECT ON**  
19 **THE SALES PRICE.**

20  
21 **SELLER TO LIST THE ITEMS, APPEARING TO BE AFFIXED TO THE PROPERTY, THAT ARE NOT INCLUDED**  
22 **WITH THE SALE:**

23 **BUYER TO PURCHASE REMAINING FUEL IN TANK AT CLOSING.**

24  
25  
26 Dated: \_\_\_\_\_

Dated: 9/25/24

27 Buyer 1: \_\_\_\_\_

Seller 1: David Utter David Utter

28 Buyer 2: \_\_\_\_\_

Seller 2: Cristina Utter Cristina Utter

29 Buyer 3: \_\_\_\_\_

Seller 3: \_\_\_\_\_

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

Address 716 Thorsheim Street Kodiak AK 99615  
 Legal (the Property) Aleutian L19 B5

**Lead Warning Statement**

*Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.*

**Seller's Disclosure****(a) Presence of lead-based paint and/or lead-based paint hazards (initial (i) or (ii) below):**

- (i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing.  
 Describe what is known:
- (ii) CM Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing. DBU

**(b) Records and reports available to the seller (initial (i) or (ii) below):**

- (i) \_\_\_\_\_ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. List documents below:
- (ii) CM DBU Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgment****(c) Purchaser has (initial (i) or (ii) below):**

- (i) \_\_\_\_\_ received copies of all records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing listed above.
- (ii) \_\_\_\_\_ not received any records and reports regarding lead-based paint and/or lead-based paint hazards in the housing.

**(d) \_\_\_\_\_ Purchaser has received the pamphlet Protect Your Family from Lead in Your Home (initial).****(e) Purchaser has (initial (i) or (ii) below):**

- (i) \_\_\_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards;  
 or \_\_\_\_\_
- (ii) \_\_\_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Address 716 Thorsheim Street Kodiak AK 99615

Legal (the Property) Address Aleutian L19 B5

**Agent's Acknowledgment (initial or enter N/A if not applicable)**

(f) \_\_\_\_\_ Seller's Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

(g) \_\_\_\_\_ Purchaser's Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.<sup>1</sup>

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

David Utter 9/25/24  
 Seller David Utter Date Purchaser Date

Cristina Utter 9/25/24  
 Seller Cristina Utter Date Purchaser Date

Melanie Calderon Ledislae 9/25/24  
 Seller's Agent Melanie Calderon Ledislae Date Purchaser's Agent <sup>1</sup> Date

**Paperwork Reduction Act**

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0151). Responses to this collection of information are mandatory (40CFR 745). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.12 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

\_\_\_\_\_

<sup>1</sup> Only required if the purchaser's agent receives compensation from the seller.



THE STATE  
of **ALASKA** Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

Real Estate Commission  
550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8160  
Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## State of Alaska Residential Real Property Transfer Disclosure Statement

Prepared in compliance with Alaska Statute (AS) 34.70.010 - 34.70.200

AS 34.70.010 requires that before a Transferee/Buyer (hereafter referred to as Buyer) makes a written offer of residential real property, the Transferor/Seller (hereafter referred to as Seller) must deliver a completed written disclosure form. This disclosure statement is in compliance with AS 34.70.010. It concerns the residential real property\* located in the Recording District, Judicial District, State of Alaska as listed below.

Recording District:	3rd			
Legal Description:	Aleutian L19 B5			
Property Address/ City/Other:	716	Thorsheim Street	Kodiak	AK 99615

\*Residential real property means any single-family dwelling, or two single family dwelling units under one roof, or any individual unit in a multi-unit structure or common interest ownership community whose primary purpose is to provide housing. AS 34.70.200(2) and (3).

**Exemption for First Sale:** Under AS 34.70.120, the first transfer of an interest in residential real property that has never been occupied is exempt from the requirement for the Seller to complete the Disclosure Statement.

**Waiver by Agreement:** Under AS 34.70.110, completion of this disclosure statement may be waived when transferring an interest in residential real property if the Seller and Buyer agree in writing. Signing this waiver does not affect other obligations for disclosure.

**Violation or Failure to Comply:** A person who negligently violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200 is liable to the Buyer for actual damages suffered by the Buyer as a result of the violation or failure. If the person willfully violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200, the Seller is liable to the Buyer for up to three times the actual damages. In addition to the damages, a court may also award the Buyer costs and attorney fees to the extent allowed under the rules of court.

**AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the transferee after the transferee has made a written offer, the transferee may terminate the offer by delivering a written notice of termination to the transferor or the transferor's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.**

**AS 34.70.040(b) provides that if an item that must be completed in the disclosure statement is unknown or is unavailable to the Seller, and if the Seller or Seller's agent has made a reasonable effort to ascertain the information, the Seller may make an approximation based on the best information available to the Seller or Seller's agent. It must be reasonable, clearly labeled as an approximation, and not used to avoid the disclosure requirements of AS 34.70.010 - AS 34.70.200.**

All disclosures made in this statement are required to be made in good faith (AS 34.70.060). The Seller must disclose defects or other conditions in the real property, or the real property interest being transferred. The Seller does not need to include a search of the public records, nor does it require a professional inspection of the property.

If the information supplied in this disclosure statement becomes inaccurate as a result of an act or agreement after the disclosure statement is delivered to the Buyer, the Seller is required to deliver an amendment to the disclosure statement to the Buyer. An addendum/amendment form for that purpose may be attached to this disclosure statement.

Upon delivery to a buyer, any inspection/reports generated by a purchase agreement of this property automatically becomes an addendum/amendment to the property disclosure.

CM      DBU 9/25/24      716 Thorsheim Street      \_\_\_\_\_  
Seller's Initials      Date      Property Address      Buyer's Initials      Date  
Kodiak AK 99615

# PART I Seller's Information Regarding Property

## Property Type

Property Type: (Check One)	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Zero Lot Line/Town House	<input type="checkbox"/> Condominium	<input type="checkbox"/> Townhome/PUD
	<input type="checkbox"/> Duplex (Including single Family with an Apartment)	<input type="checkbox"/> Other (Please Specify): _____		
Do you currently occupy the property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	30+ Years
If not the current occupant, have you ever occupied the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?	
*Year Property was Built:	1951			

\*If property was built prior to 1978, or if Seller has any knowledge of lead-based paint, Seller must complete Disclosure of Information and Acknowledgment of Lead-based Paint and/or Lead-Based Paint Hazards in accordance with Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (also known as Title X) and provide Buyer with the "Protect Your Family from Lead in Your Home" pamphlet. The pamphlet can be found online at [EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards](http://EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards)

Construction Overview:	<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Modular	<input type="checkbox"/> Other: _____	
Foundation:	<input type="checkbox"/> Masonry Block	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Treated Wood	<input checked="" type="checkbox"/> Piling	<input type="checkbox"/> Other: _____
Name of Original Builder (If Known):					

## Property Features

Check all items that have known defects or malfunctions. Describe the defect or malfunction on the Addendum/Amendment(s) to the Disclosure Statement.

<input type="checkbox"/> Auto Garage Door Opener(s) # of: _____	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Hot Tub Cover	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> Water Filtering System
<input type="checkbox"/> Barbecue	<input type="checkbox"/> Generator	<input type="checkbox"/> Instant Hot Water Dispenser	<input type="checkbox"/> Security System	<input type="checkbox"/> Water Softener
<input type="checkbox"/> Central Vacuum Installed	<input type="checkbox"/> Generator Hook-Up	<input type="checkbox"/> Intercom	<input checked="" type="checkbox"/> Smoke Detector(s) # of: _____	<input type="checkbox"/> Window Blinds # of: _____
<input checked="" type="checkbox"/> CO Detector(s) # of: _____	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Jetted Tub	<input type="checkbox"/> Steam Shower Room	<input type="checkbox"/> Window Rods # of: _____
<input checked="" type="checkbox"/> Cooktop(s) # of: _____	<input type="checkbox"/> Attached	<input type="checkbox"/> Microwave(s) # of: _____	<input checked="" type="checkbox"/> Storage Shed # of: _____	<input type="checkbox"/> Window Screens
<input type="checkbox"/> Dishwasher(s) # of: _____	<input type="checkbox"/> Detached	<input checked="" type="checkbox"/> Oven(s) # of: _____	<input type="checkbox"/> Stove(s), Pellet # of: _____	<input checked="" type="checkbox"/> Wood Stove(s) # of: _____
<input checked="" type="checkbox"/> Dryer(s) # of: <u>none</u>	<input type="checkbox"/> Ventilating System	<input type="checkbox"/> Paddle Fan(s) # of: _____	<input type="checkbox"/> Trash Compactor(s) # of: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fire Alarms	<input type="checkbox"/> Heating System	<input checked="" type="checkbox"/> Refrigerator(s) # of: _____	<input type="checkbox"/> T.V. Antenna	
<input type="checkbox"/> Freezer(s) # of: _____	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Rods & Blinds	<input checked="" type="checkbox"/> Washer(s) # of: <u>none</u>	
Comments:				

en DBU 9/25/24  
Seller's Initials Date

716 Thorsheim Street  
Kodiak AK 99615  
Property Address

Buyer's Initials Date

## PART I Seller's Information Regarding Property (continued)

### Structural Components

Check only those items that have known defects, malfunctions or have had repairs performed within the last five years. Also, check items that need to be replaced/repaired.

Repaired or Replaced	Needs Repair	Repaired or Replaced	Needs Repair	Repaired or Replaced	Needs Repair	Repaired or Replaced	Needs Repair
<input type="checkbox"/>	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/> Fireplaces(s) # of: ____	<input type="checkbox"/>	<input type="checkbox"/> Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/>	<input type="checkbox"/> Carport	<input type="checkbox"/>	<input type="checkbox"/> Floors	<input type="checkbox"/>	<input type="checkbox"/> Plumbing Systems	<input type="checkbox"/>	<input type="checkbox"/> Ventilator System
<input type="checkbox"/>	<input type="checkbox"/> Ceilings	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> Pool Cover	<input type="checkbox"/>	<input type="checkbox"/> Venting
<input type="checkbox"/>	<input type="checkbox"/> Chimneys	<input type="checkbox"/>	<input type="checkbox"/> Garage	<input type="checkbox"/>	<input type="checkbox"/> Private Walkways	<input type="checkbox"/>	<input type="checkbox"/> Washer/Dryer Hookups
<input type="checkbox"/>	<input type="checkbox"/> Crawl Space	<input type="checkbox"/>	<input type="checkbox"/> Garage Floor Drain	<input type="checkbox"/>	<input type="checkbox"/> Rain Gutters	<input type="checkbox"/>	<input type="checkbox"/> Water Heater
<input type="checkbox"/>	<input type="checkbox"/> Doors	<input type="checkbox"/>	<input type="checkbox"/> Gas Starter	<input type="checkbox"/>	<input type="checkbox"/> Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/> Water Supply
<input type="checkbox"/>	<input type="checkbox"/> Driveways	<input type="checkbox"/>	<input type="checkbox"/> Heat Recovery	<input type="checkbox"/>	<input type="checkbox"/> Roof	<input type="checkbox"/>	<input type="checkbox"/> Wind Generators
<input type="checkbox"/>	<input type="checkbox"/> Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/> Heating Systems	<input type="checkbox"/>	<input type="checkbox"/> Sewage Systems	<input type="checkbox"/>	<input type="checkbox"/> Windows
<input type="checkbox"/>	<input type="checkbox"/> Electronic Air Cleaner	<input type="checkbox"/>	<input type="checkbox"/> Humidifier	<input type="checkbox"/>	<input type="checkbox"/> Skylights	<input type="checkbox"/>	<input type="checkbox"/> Woodstove(s) # of: ____
<input type="checkbox"/>	<input type="checkbox"/> Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/> Insulation	<input type="checkbox"/>	<input type="checkbox"/> Slabs	<input type="checkbox"/>	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/> Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/> Interior Walls	<input type="checkbox"/>	<input type="checkbox"/> Solar Panels	<input type="checkbox"/>	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/> Filtration	<input type="checkbox"/>	<input type="checkbox"/> Mechanical	<input type="checkbox"/>	<input type="checkbox"/> Stove, Pellet		

Describe the defect, malfunction, or repair on the Addendum/Amendment(s) to the Disclosure Statement.

Describe any other items not covered above:

Comments:

## PART II Documentation

Check the documents for the subject property that the seller has available for review:

<input type="checkbox"/> As-Built Survey	<input type="checkbox"/> Party Wall Agreement	<input type="checkbox"/> Title Information
<input type="checkbox"/> Certificate of Occupancy	<input type="checkbox"/> PUR-101	<input type="checkbox"/> Water Rights Certificates
<input type="checkbox"/> Deed Restrictions	<input type="checkbox"/> PUR-102	<input type="checkbox"/> Well Log & Water Tests
<input type="checkbox"/> Energy Rating Certificate	<input type="checkbox"/> Resale Certificate	<input type="checkbox"/> Written Agreement with Adjacent Property Owner
<input type="checkbox"/> Engineer/Property/Home Inspection Report(s)	<input type="checkbox"/> Shared Septic Agreement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Flood Evaluation Certificate	<input type="checkbox"/> Shared Well Agreement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hazardous Materials Test(s)	<input type="checkbox"/> Soil Tests	
<input type="checkbox"/> Lease/Rental Agreement	<input type="checkbox"/> Subdivision Covenants/Restrictions	

CU DBU 9/25/24  
Seller's Initials

Date

716 Thorsheim Street  
Kodiak AK 99615

Property Address

Buyer's Initials

Date

**PART II Documentation (continued)**

Supply information for the following:

Item	Average Monthly Utility Cost	Company/Source	Utility History Attached
Coal	\$		<input type="checkbox"/>
Electric	\$ 250 <sup>-</sup>	KEA	<input type="checkbox"/>
Gas	\$		<input type="checkbox"/>
Oil	\$ <small># of Gallons</small> 100 gal	Petro Marine	<input type="checkbox"/>
Propane	\$ 50 <sup>-</sup>	North Pacific Fuel	<input type="checkbox"/>
Refuse	\$ 48 <sup>-</sup>	Alaska Waste	<input type="checkbox"/>
Security Alarm Systems	\$		<input type="checkbox"/>
Sewer	\$ > 79 <sup>-</sup>	City of Kodiak	<input type="checkbox"/>
Water	\$	City of Kodiak	<input type="checkbox"/>
Wood	\$		<input type="checkbox"/>
Other	\$		<input type="checkbox"/>

**PART III Additional Information**

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? For any "Yes" answer, indicate the relevant item number and explain the condition on the Addendum/Amendment(s) to the Disclosure Statement.

	Yes	No	UNK
1. Do you know of any existing, pending, or potential legal action(s) concerning the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you know of any street or utility improvements planned that will affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Road maintenance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provided by:	City of Kodiak		

CU DBU 9/25/24  
 Seller's Initials Date

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 Kodiak AK 99615  
 Property Address

Buyer's Initials Date

**PART III Additional Information (continued)**

		Yes	No	UNK
4. Is the property currently rented or leased?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, expiration date:				
5. Is there a homeowner's association (HOA) for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, HOA Name:		HOA Phone Number:		
<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Inactive		Monthly Dues: \$ _____ per _____		
Are there any levied or pending assessments?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of person responsible for issuing resale certificate:		Phone Number:		

**Setbacks/Restrictions**

	Yes	No	UNK
1. Have you been notified of any proposed zoning changes for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of features of the property shared in common with adjoining property owners, such as walls, fences and driveways, whose use or responsibility for maintenance may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are there subdivision conditions, covenants, or restrictions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any nonconforming uses of this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any deed, or other private restrictions on the use of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any variances being applied for, or granted, on this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are you aware of any easements on the property? <b>Electric Easement with KEA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CM DBU      9/25/24  
 Seller's Initials      Date

716 Thorsheim Street  
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 Property Address

\_\_\_\_\_  
 Buyer's Initials      Date

**PART III Additional Information (continued)**

**Heating System(s)**

**Check all types that apply:**

<input type="checkbox"/> Boiler System	<input type="checkbox"/> Geo Thermal	<input type="checkbox"/> Monitor/Toyo	<input checked="" type="checkbox"/> Wood Stove
<input type="checkbox"/> Electrical Heat	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Hot Water Baseboard	<input type="checkbox"/> Radiant Heat	

<b>Age (Years):</b>		<b>Last Cleaned:</b>		<b>Last Inspected:</b>	
---------------------	--	----------------------	--	------------------------	--

<b>Source:</b>	<input type="checkbox"/> Coal	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input checked="" type="checkbox"/> Wood
	<input checked="" type="checkbox"/> Propane Tank which is:		<input type="checkbox"/> Leased	<input type="checkbox"/> Owned
	<input checked="" type="checkbox"/> Oil with <u>300</u> Gallon Storage which is:		<input type="checkbox"/> Buried	<input checked="" type="checkbox"/> Above Ground

<b>Age of Tank:</b>	
---------------------	--

**Sewer System**

		Yes	No	UNK
<b>Type:</b>	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Community <input type="checkbox"/> Other: _____			
<b>1. Does your sewer system have a lift station/lift pump?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If Private:</b>	<input type="checkbox"/> Holding Tank <input type="checkbox"/> Septic Tank <input type="checkbox"/> Other: _____			
<b>Drain Field System:</b>	<input type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> Mound <input type="checkbox"/> Pit <input type="checkbox"/> Trench <input type="checkbox"/> Other: _____			
<b>Innovative Sewer System:</b>	<input type="checkbox"/> Biocycle <input type="checkbox"/> Intermittent Sand Filter <input type="checkbox"/> Recirculating Upflow Filter <input type="checkbox"/> Secondary Sewer Treatment Plant <input type="checkbox"/> Other: _____			
<b>2. Has the sewer system failed while you owned the property?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, explain:</b>				
<b>Age of Sewer System:</b>		<b>Location:</b>		
<b>3. Have you had any work, maintenance or inspections done on the sewer system during your ownership?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If yes, explain:</b>				
<b>Approval/Certification Source:</b>		<b>Date:</b> (If Known)		
<b>4. Are you aware of any abandoned sewer systems, leach fields, cribs, etc., on the property?</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seller's Initials: CH DBU      Date: 9/25/24     
 Property Address: 716 Thorsheim Street Kodiak AK 99615     
 Buyer's Initials: \_\_\_\_\_      Date: \_\_\_\_\_

**PART III Additional Information (continued)**

**Water Supply**

<b>Type:</b>	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Community	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Water Tank: Size: _____	<input type="checkbox"/> Shared Well (provide agreement, if any)		
<b>Well Depth (Feet):</b> (If Private)		<b>Flow Rate (Gallons per Minute):</b> (If Private)		<b>Date Tested:</b>
<b>Location of Operational Well:</b>				
			<b>Yes</b>	<b>No</b>
			<b>UNK</b>	
1. Are there any abandoned wells on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any problems with your water supply?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any contaminants in your water supply, to include but not limited to E-coli, nitrates, heavy metals, arsenic or other contaminants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the well failed while you have owned the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a well pump problem or failure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you supply water to, or receive water from, others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, is there a recorded agreement?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a water rights certificate for this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Water Heater**

<b>Type:</b>	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: _____
<b>Age (Years):</b>		<b>Capacity (Gallons):</b>		

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**Seller's Initials**      **Date**

**716 Thorsheim Street**  
**Kodiak AK 99615**  
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**Buyer's Initials**      **Date**

**PART III Additional Information (continued)**

**Roof or Other Leakage**

Type:	<input checked="" type="checkbox"/> Asphalt/Composition Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Built-Up <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____		
Age (Years):		Location of Attic Access:	
			Yes No UNK
1. Are you aware of any ice damming on the roof?			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location:			
2. Are you aware of any water leaking into the home? (i.e., windows, lights, fireplace, etc.)			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location:			

**Fireplace and/or Woodstove**

Type:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Pellet <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other: _____		
Date Chimney(s) Last Cleaned or Serviced:	<i>June 2024</i>	Cleaned or Serviced By:	<i>Owner</i>

**Freeze-Ups**

			Yes No UNK
1. Have you had any frozen water lines, sewer lines, drains, or heating systems?			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, please explain:			
2. Are there any heat tapes, heat lamps, or other freeze prevention devices?			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location and explain use:			

**Drainage**

			Yes No UNK
1. Are you aware of ever having any water in the crawl space, basement, or lower level?			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, how was the problem resolved?	<input type="checkbox"/> Sump Pump(s) <input type="checkbox"/> Curtain Drain <input type="checkbox"/> Rain Gutter/Extension <input type="checkbox"/> Other: _____		
Date Problem was Resolved:		Location of Each Sump Pump:	
2. To where does the water drain after it leaves the sump pump?			

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**PART III Additional Information (continued)**

		Yes	No	UNK
3. <i>If gutters, where do downspouts discharge?</i>				
4. Is there a floor drain in the structure, including garage?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, where is it located and where does it drain to?</i>				

**Inspection**

		Yes	No	UNK
1. To the best of your knowledge, has the property been inspected by an engineer/home inspector in the last 5 years?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has there been any energy rating on the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Encroachments**

		Yes	No	UNK
1. Does anything on your property encroach (extend) onto your neighbor's property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does anything on your neighbor's property encroach onto your property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Environmental Concerns**

		Yes	No	UNK
1. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water, or by-products from the production of methamphetamines on the subject property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any mildew or mold issues affecting this property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, number of tanks:</i>				
4. Are you aware if the property is in an avalanche zone/mudslide area?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever filed an insurance claim for any environmental damage to the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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**PART III Additional Information (continued)**

**Flood Zone Designation**

	Yes	No	UNK
1. Is this property in a flood zone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any erosion/erosion zone or accretion affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any damage to the property or any of the structures from flood, landslide, avalanche, high winds, fire, earthquake, or other natural causes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are you aware if the property has flooded?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Soil Stability**

	Yes	No	UNK
1. Are you aware of any debris buried or filling on any portion of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affects the improvements of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any drainage, or grading problems that affect this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Constructions, Improvements/Remodel**

	Yes	No	UNK
1. Have you remodeled, made any room additions, structural modifications, or improvements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please describe:</i>			
Was the work performed with necessary permits in compliance with building codes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a final inspection performed, if applicable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are there any open building permits for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has a fire ever occurred in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Pest Control or Wood Destroying Organisms**

	Yes	No	UNK
1. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, bed bugs, etc. in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, when?</i>		<i>Where?</i>	<i>What type?</i>
<i>If yes, describe what was done to resolve the problem:</i>			

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**PART III Additional Information (continued)**

				Yes	No	UNK
2. Has there been damage in the past resulting from termites, ants, insects, squirrels, rodents, etc. in the structure?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, when?		Where?		What type?		
If yes, describe what was done to resolve the problem:						

**Other**

				Yes	No	UNK
1. Are you aware of any murder or suicide having occurred on the property within the preceding 3 years?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any human burial sites on the property?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any smoking of any kind inside the property during your ownership?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Noise**

				Yes	No	UNK
1. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, racetracks, neighbors, etc.?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:						

**Pets**

				Yes	No	UNK
1. Have there been any pets/animals in the house?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, how many and what type?						

**PART IV Agreement**

I/We have completed this disclosure statement according to AS 34.70.010 - AS 34.70.200 and these instructions, and the statements are made in good faith and are true and correct to the best of my/our knowledge as of the date signed. I/We authorize any licensees involved or participating in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated transfer of the property or interest in the property.

Seller Signature:	<i>David Utter</i> David Utter	Date:	<i>9/25/24</i>
Seller Signature:	<i>Cristina Utter</i> Cristina Utter	Date:	<i>9/25/24</i>

*CNU* *DBU* *9/25/24*  
 Seller's Initials Date

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 Kodiak AK 99615  
 Property Address

Buyer's Initials Date



THE STATE  
of **ALASKA** *Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing*

**Real Estate Commission**  
550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8160  
Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## Buyer's Notice and Receipt of Copy

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether a person who has been convicted of a sex offense resides in the vicinity of the property that is the subject of the Transferee's (Buyer's) potential real estate transaction. This information is available at the following locations: Alaska State Trooper Posts, Municipal Police Departments, and on the State of Alaska, Department of Public Safety Internet site: <https://dps.alaska.gov/Home>

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether, in the vicinity of the property that is the subject of the transferee's potential real estate transaction, there is an agricultural facility or agricultural operation that might produce odor, fumes, dust, blowing snow, smoke, burning, vibrations, noise, insects, rodents, the operation of machinery including aircraft, and other inconveniences or discomforts as a result of lawful agricultural operations.

The Buyer is urged to inspect the property carefully and to have the property inspected by an expert. Buyer understands that there are aspects of the property of which the Seller may not have knowledge and that this disclosure statement does not encompass those aspects. Buyer also acknowledges that they have read and received a signed copy of this statement from the Seller or any licensee involved or participating in this transaction.

Licensees are not responsible for an act, error, or omission on the part of the seller/s.  
Licensees are not responsible for an act, error, or omission on the part of a buyer/s when the buyer/s choose not to have the property professionally inspected prior to purchase.

<b>Buyer Signature:</b>		<b>Date:</b>	
<b>Buyer Signature:</b>		<b>Date:</b>	

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**Real Estate Commission**  
550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8160  
Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

### Explanation Addendum or Amendment to the Disclosure Statement

Use this page to:

- 1) clarify repairs, defects, or malfunctions.
- 2) explain items in more detail.
- 3) make changes or update this disclosure form.

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the Buyer after the Buyer has made a written offer, the Buyer may terminate the offer by delivering a written notice of termination to the Seller or the Seller's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.

In compliance with AS 34.70.080, the Seller amends the disclosure statement for the real property described below:

List items changed or clarified. Use additional Addendum/Amendment pages, if necessary.	
Page Number	Item/Explanation
	2008-2010 - Replaced Furnace

I/We (Seller(s)) certify that the information in this Addendum/Amendment to the Disclosure Statement is true and correct to the best of my/our knowledge as of the date signed.

Seller Signature:	<i>David Utter</i> David Utter	Date:	9/25/24
Seller Signature:	<i>Cristina Utter</i> Cristina Utter	Date:	9/25/24

I/We (Buyer(s)) have received a copy of this Addendum/Amendment to the Disclosure Statement.

Buyer Signature:		Date:	
Buyer Signature:		Date:	

*CU DBU* 9/25/24  
Seller's Initials Date

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Kodiak AK 99615  
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Buyer's Initials Date